

FILED

7/18/02

NOV 26 2007**NE**UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS**MICHAEL W. DOBBINS****CLERK, U.S. DISTRICT COURT**

DR. RABBI K. A. ISRAEL,

CONSULAR ATTORNEY, BRO., GUARDIAN
FOR MS. BEATRICE D. GARTH,

Plaintiff

IN FORMA PAUPERIS APPLICATION

AND

FINANCIAL AFFIDAVIT**VERSUS**THOMAS MARTIN LAKE, ATTORNEY AT LAW,
& THE INSURERS OF THOMAS M. LAKE, CA

07CV 6609

Defendant(s)

JU

JUDGE LEFKOW**MAGISTRATE JUDGE MASON**

Wherever is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, DR. RABBI K. A. ISRAEL, declare that I am the plaintiff petitioner movant (other _____) in the above-entitled case. This affidavit constitutes my application to proceed without full prepayment of fees, or in support of my motion for appointment of counsel, or both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Question 2)

ID. # _____ Name of prison or jail: _____

Do you receive any payment from the institution? Yes No Monthly amount: _____

2. Are you currently employed? Yes No

Monthly salary or wages: NOT APPLICABLE

Name and address of employer: _____

a. If the answer is "No":

Date of last employment: _____

Monthly salary or wages: _____

Name and address of last employer: _____

b. Are you married?

 Yes NoSpouse's monthly salary or wages: PLAINTIFF IS SINGLE AND HAS NOT BEENName and address of employer: MARRIED!!

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages

 Yes No

Amount _____ Received by _____

1-3 ATTACHMENTS:
A(i)-A(xi).

b. Business, profession or other self-employment Yes No
 Amount _____ Received by _____

c. Rent payments, interest or dividends Yes No
 Amount _____ Received by _____

d. Pensions, social security, annuities, life insurance, disability, workers' compensation, unemployment, welfare, alimony or maintenance child support
 Yes No
 Amount \$1,024.00 Received by DR. RABBI K. A. ISRAEL

e. Gifts or inheritances Yes No
 Amount _____ Received by _____

f. Any other sources (state source: FOOD STAMPS) Yes No
 Amount \$158.00 Received by DR. RABBI K. A. ISRAEL
ASSISTANCE FOR AGED AND THE BLIND: \$53.00 PER MONTH

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? Yes No Total amount: _____
 In whose name held: _____ Relationship to you: _____

5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? Yes No
 Property: _____ Current Value: _____
 In whose name held: _____ Relationship to you: _____

6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? Yes No
 Address of property: _____
 Type of property: _____ Current value: _____
 In whose name held: _____ Relationship to you: _____
 Amount of monthly mortgage or loan payments: _____
 Name of person making payments: _____

7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? Yes No
 Property: _____
 Current value: _____
 In whose name held: _____ Relationship to you: _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here No dependents
MS. BEATRICE DEMETRICE GARTH: SISTER: \$534.00 PER MONTH.

AS A RESULT OF AN EMPLOYMENT DISCH.
 LAWSUIT FILED BY PLAINTIFF AGAINST
 "WALT DISNEY ENTERTAINMENT". 06-CV-2557
 PLAINTIFF RECV'D. \$2,000.00 SETTLEMENT.

2.

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: -NOVEMBER 26, 2007

A.K.A.

DR. RABBI K. A. ISRAEL DR. RABBI K. A. ISRAEL
DR. RABBI K. GARTH RICHARDSON, CONSULAR ATTY.,
CONSULAR ATTY.

(Print Name)

Signature of Applicant

3.

State of Illinois
Department of Human Services

2(Permanent)



Application for Food Stamps

How much money do any FS unit members have in: Cash \$ 00000 Checking \$ 00000

Savings/Credit Union \$ 00000 Stocks, Bonds Other \$ 00000

Do any FS unit members have any real estate (other than the home you live in?) Yes No

If yes, describe the property: NOT APPLICABLE.

Did any member buy, sell, or give away anything of substantial value during the last three month? Yes No

If yes, please explain: NOT APPLICABLE.

Income from Work

Has anyone stopped working in the last three months? Yes No

Is anyone in your FS unit on strike? Yes No

Has a member quit a job, reduced work hours to less than 30 hours per week, or refused to take a job in the last 60 days? Yes No

If yes, who? NOT APPLICABLE. Why? N/A

Is anyone self-employed? Yes No

Fill in all blanks for each member with a job. If a member has more than one job, list each job separately. Include self-employment.

Household Member	Employer/Source	Address	Gross Pay	Hours/Wk	How Often Pd
1 NOT APPLICABLE.			\$		
2 N/A			\$		
3 n/A					
4 N/A					

(Attach another sheet of paper, if necessary)

Other Income

OCT 26 2007

Does anyone receive income from any of the following sources? If so, check each one that applies and give complete information below:

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

<input type="checkbox"/> TANF (Temporary Aid to Needy Families)	<input type="checkbox"/> GA (General Assistance)	<input type="checkbox"/> Roomers and/or boarders
<input checked="" type="checkbox"/> Supplemental Security Income (SSI)	<input checked="" type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment Benefits
<input type="checkbox"/> DCFS (for care of children)	<input type="checkbox"/> Employment	<input type="checkbox"/> Aid from another State
<input type="checkbox"/> Scholarships, student loans, grants	<input type="checkbox"/> Child Support	<input type="checkbox"/> Money from friends/relatives (gifts/loans)
<input type="checkbox"/> Pensions or Retirement Income	<input type="checkbox"/> SSP (State Supplemental Payment to the Aged, Blind or Disabled)	
	<input type="checkbox"/> Any other source of income (explain below)	

Source of Income	Gross Amount	When Received	How Often	Person with Income
EXEMPT S.S.I.	\$ 624.00	SEE "PASS CADRE"	MONTHLY	APPLICANT.
EXEMPT DIS. BEN	\$ 365.00	SEE S.S.A. ATTACH.	MONTHLY	APPLICANT
EXEMPT A.A.B.D.	\$ 53.76	09/06/2007	MONTHLY	APPLICANT
NOT APPLICABLE	\$			

(explain) THE SOC. SEE. ADM. PROVIDES EXEMPT FUNDS FOR PART OF EDUCATION COSTS.

Does anyone pay a member of the FS unit for meals, a room, or both? Yes No

If yes, complete the following:

Name of roomer/boarder: NOT APPLICABLE. Amount: \$ N/A How often? N/A

IL444-0683 (R-3-07)

Please Continue

Page 4 of 9

ATTACHMENT: A(i)-A(xi).

PLEASE NOTE:



Social Security Administration
Supplemental Security Income

Important Information

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

Mr. Keith G. Richardson
 Po Box 803241
 Chicago, IL 60680-3241

Dear Mr. Richardson,

PASS CADRE
 1233 West Adams
 Chicago, IL 60607

Phone: 866-575-4889

Fax: 312-575-6501
 Office Hours: 9:00 AM - 4:00 PM

October 3, 2007
 Claim Number: 0886 DI

**PLEASE NOTICE:
 EXEMPT INCOME
 PLAN TO ACHIEVE SELF-SUPPORT.**

We reviewed your activities under your Plan for Achieving Self-Support (PASS) we have extended it. Our approval is good through December 2007 when we will again review the plan.

Your Plan

Your work goal is: Mathematics/Engineering Teacher

We approved the following items and services:

• UIC HOUSING	\$ 1825.00
---------------	------------

TOTAL	\$ 1825.00**
-------	--------------

PLEASE NOTICE:

**** 1. Special Note- Mr. Keith Richardson you will need to find additional funding sources to cover all your approved cost for the 2007- 2008 the Pass Plan can only meet \$ 1,825.00 of the total cost for 2007- 2008 . You need to investigate into grants, scholarships, fellowships, federally funded work study programs, subsidies Federal Loans or a job to help cover remaining cost for 2007-2008 tuition/housing/books at UIC.**

ATT. (ii)

2. Mr. Keith Richardson you must show improvement with your academic studies by raising your GPA to or above 2.0 and get off of academic probation and declare a major of study. Future approval of your Pass is not possible if you are not showing progress academically towards your occupational goal of becoming a Mathematics/Engineering Teacher.

FOR EDUCATION USE: EXEMPT INCOME

We will exclude your income as follows:

01/2007 – 12/2007	\$ 365.00(each month)
-------------------	-----------------------

We will review your plan in 12/2007. We will ask for the following information:

- Proof of your payment towards Tuition/Book cost and school fee's for Spring 2007
- Proof of your current GPA and financial Aid Pell Grant at UIC *Please submit now*
- Proof of student grade report(submit your unofficial transcript from UIC)
- Proof of Fall 2007 & Spring 2008 student class schedule

We may change the amounts of income and resources used to follow your PASS when we review your plan. Resources are things you own that can be turned into cash.

Information About Food Stamps And Housing Assistance

In many cases, income and resources used for a PASS will not be counted for food stamps and housing assistance provided through the U. S. Department of Housing and Urban Development. If you receive or plan to file for food stamps or housing assistance, you will need to contact the particular agency to find out how those benefits will be affected. Take this letter with you when you go.

RECEIVED

Your Responsibilities

OCT 26 2007

You must:

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

- Report any changes in your situation that may affect your plan.
- Keep records of the income and resources you spend on your plan or set aside for later use. (We will want to see these records when we review your plan. To help save these records, we are enclosing a PASS Expenditure/Savings Record and an SSI Recordkeeper Folder.).
- Show what resources you have not yet spent for your plan.

ATT. (iii)

We may suspend or terminate your plan at any time if you:

RECEIVED

- Do not follow your plan, as approved,
- Quit your plan,
- Are no longer eligible for SSI, or
- Reach your work goal. You reach your work goal when: MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
 - You are working in your chosen career path; and
 - You are earning enough to pay for your living expenses, any out-of-pocket Medical expenses, work related expenses and any unpaid items or services Approved in your PASS.

OCT 26 2007

If You Disagree With The Decision

You have the right to appeal if you disagree with the decision. We will review your case and consider any new facts you have. Then a person who did not make the first decision will decide your case.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it, unless you prove you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- To appeal you must fill out a form called, "Request for Reconsideration." The form number is SSA-561. To get this form, contact your local Social Security Office. They can assist you with completion of this form.

How To Appeal

There are two ways to appeal. You can pick the one you want. If you meet with us in person, it may help us decide your case.

- Case review. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we'll decide your case again. You won't meet with the person who decides your case. This is the only kind of appeal you can have to appeal a medical decision.
- Informal Conference. You meet with the person who decides your case. You can tell that person why you think you're right. You can give us more facts to help prove you're right. You can bring other people to help explain your case.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers

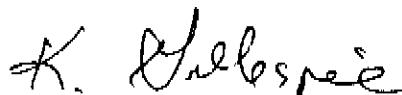
ATT. A(IV.)

who do not charge unless you win your appeal. We have a list of groups that can help you with your appeal.

You should let us know if you get someone to help you. If you hire someone, we must approve the fee before he or she can collect it.

If You Have Any Questions

Please call, write or visit our office if you have any questions. We can answer most questions over the telephone. Our telephone number is 312-575-6505 or 866-575-4889(toll free). If you call or visit our office, please have this letter with you and ask for Mr. Gillespie.



Mr. K. Gillespie
PASS Specialist

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

ATT.: A(v).



William D. Ford Federal Direct Loan Program

DISCLOSURE OF PAYMENT AMOUNT RECEIVED

OCT 26 2007

ACCOUNT NUMBER 347-58-0886-3

01/31/2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

KEITH G RICHARDSON
1250 SO. HALSTED ST., #382A
CHICAGO, IL 60607

ACCOUNT STATEMENT

REASON FOR STATEMENT

Under the Income Contingent Repayment (ICR) plan, we calculate your monthly payment amount when we receive updated annual income information. Your monthly payment amount for the Direct Loan(s) you are repaying under the ICR plan has been calculated and is shown below under "Monthly Payment." If you cannot pay your monthly amount, call us at 1-800-848-0979. THIS IS NOT A BILL. Your next due date is 03/21/2007. Please call us if either income or family size information is incorrect, or if you have questions.

Annual	Family Size	Joint or Single Repayment	Income Date Source	Monthly Payment
	1	Single	IRS	\$0.00
ICR Plan	Income Effective Date	ESTIMATED MONTHLY PAYMENT IF ON OTHER PLAN:		
ICR 3	12/31/2003	Standard \$954.74	Extended \$567.18	Graduated \$507.27

REPAYMENT PLAN CHANGES

We have included estimated monthly payment amounts for the same loan(s) under other repayment plans. Please remember, the smaller the monthly payment, the higher the cost of the loan over time. Actual amounts could vary from the estimates due to changes in income, interest accrual, and capitalization. To change plans, read the enclosed Repayment Plan Choices Information Sheet, and then complete the enclosed Repayment Plan Selection form and return it to the address on the reverse side of this Disclosure. To change between ICR plans, call us at 1-800-848-0979.

NEGATIVE AMORTIZATION

We will notify you if your payment does not cover interest accumulating monthly on your loan. You may pay the interest in excess of your payment, or we will add it annually to your principal. This increase in principal will increase the total cost of your loan.

THIS DISCLOSURE DOES NOT INCLUDE ANY DIRECT PLUS LOANS YOU MAY HAVE. FOR YOUR DIRECT CONSOLIDATION LOANS, THIS DISCLOSURE IS BASED ONLY ON TOTAL DEBT CONSOLIDATED BY THIS DATE. YOUR PAYMENT AMOUNT WILL BE RECALCULATED IF YOUR DEBT IS FULLY CONSOLIDATED AT A LATER DATE.

PLEASE NOTE:
Your interest rate information is shown on the back of this Notice.

EDUCATION DEBT

NET DISBURSEMENT AMOUNT	OUR RECORDS INDICATE	CONSOL
TOTAL PRINCIPAL PAID	\$78,546.36	347-58-0886
TOTAL INTEREST PAID	SOcial Security NO.	(773)540-4836
TOTAL LATE CHARGES PAID	\$0.00	TELEPHONE NO.
OUTSTANDING PRINCIPAL BALANCE	\$0.00	CURRENTLY ENROLLED AT
LAST PAYMENT DEPOSITED	\$0.00	PERIODIC PAYMENT SCHEDULE
DEFERRED PRINCIPAL	\$0.00	DEFERMENT EXPIRES
TO INT \$0.00 LATE CHRG	\$0.00	EXPECTED/ACTUAL SEPARATION DATE
LATE CHARGES DUE	\$0.00	01/31/2007
PAST DUE AMOUNT	\$0.00	DEFERMENT EXPIRES
CURRENT DUE AMOUNT	\$0.00	FIRST/NEXT INSTALLMENT
TOTAL AMOUNT DUE	\$0.00	ACCURED INT. THROUGH 01/31 \$216.66

*A late charge may be assessed for payments received after the due date. These charges are calculated to be five percent of your regular monthly payment amount. Late Charges Due represents the total unpaid late charges for your Direct Loan(s).

UNIVERSITY OF ILLINOIS
 CHICAGO • SPRINGFIELD • URBANA-CHAMPAIGN

Due Date

April 23, 2007

UIC
 University Student Financial Services
 & Cashier Operations
 Room 1900 Student Services Building
 1200 W Harrison Street
 Chicago, IL 60607-7162
 Phone: (312)996-8574

UIS
 University Student Financial Services
 & Cashier Operations
 Public Affairs Center, Room 165
 One University Plaza, MS PAC 184
 Springfield, IL 62703-5407
 Phone: (217)206-6727

UIUC
 University Student Financial Services
 & Cashier Operations
 162 Henry Administration Building
 506 S. Wright Street
 Urbana, IL 61801-3636
 Phone: (217)333-2180

Account #:	673030087	Name:	Keith G. Richardson	Billing Date:	April 3, 2007
------------	-----------	-------	---------------------	---------------	---------------

ACCOUNT DETAIL

Term	Date	Description	Charges and Adjustments	Payments and Credits
------	------	-------------	-------------------------	----------------------

* PREVIOUS BILLED BALANCE *

15,911.06

- CURRENT CHARGES -

INVOICE NUMBER - S2234515

220071	30-Mar-2007	TBH Housing Contract	861.52
	30-Mar-2007	TBH Cancellation Fee	100.00
	30-Mar-2007	TBH Housing Contract	-3,446.00
888888	03-Apr-2007	Late Payment Charge	171.98
		- CURRENT PAYMENTS -	
220071	13-Mar-2007	SAR Payments/Chicago	1,000

* CURRENT BILLED BALANCE *

12,598.56

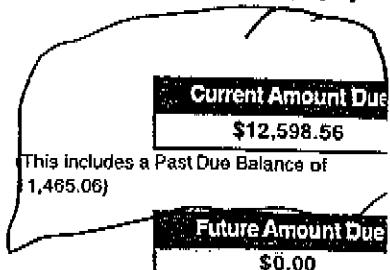
RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

ATT.: A(vii)

**PLEASE NOTE:
 EDUCATION DEBT:**

**PLEASE RETURN BOTTOM PORTION OF THIS STATEMENT WITH PAYMENT**

UNIVERSITY OF ILLINOIS
 CHICAGO • SPRINGFIELD • URBANA-CHAMPAIGN

Please make your check payable to the
 University of Illinois and include your
 University Identification Number (UIN) on
 your check.

Keith G. Richardson
 PO Box 803241
 Chicago, IL 60680-3241

Account #	: 673030087
Payment Due Date	: April 23, 2007
Current Amount Due	: \$12,598.56
Future Amount Due	: \$0.00

To pay your account in full, please pay Current Amount and any Future Amount Due.

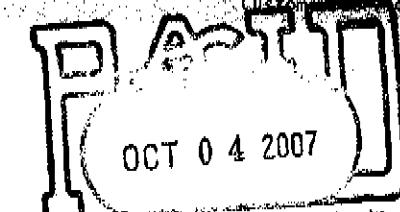
University of Illinois
 Student A/R
 PO Box 19455
 Springfield, IL 62794-9455

Page 1 of 1

Name **ISRAEL K RICHARDSON**
 Service Location **1839 S RACINE AVE UNIT 2RB CHICAGO**
 Phone Number **773-540-4836**
 Account Number **4539802076**

Issue Date **August 30, 2007**

Meter Information Read Meter Load



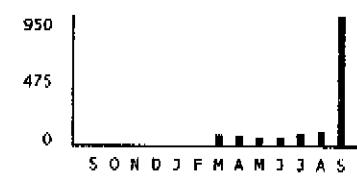
18th & Blue Island Curr. Exch., Inc.
 Reading 1825 S. BLUE ISLAND
 PHONE: (312) 668-9888

Meter Information	Read Date	Meter Number	Type	Type	Load Previous	Load Present	Diff	Mult x	Usage
	08/30	141163856	General Service	Tot kWh	1559 EST	2503 ACT	944	1	944

Current Period	Residential ~ Blended Multiple Customer Charge	Service from	07/31/2007	to	08/30/2007	- 30 Day
	Standard Metering Charge		\$5.43			
	Distribution Facilities Charge	944 kWh X	0.01965		2.21	
	Transmission Services Charge	944 kWh X	0.00415		18.55	
	Supply Administration Charge				3.92	
	Energy Supply Charge	944 kWh X	0.07320		0.03	
	Purchased Electricity Adjustment	944 kWh X	0.00010		69.10	
	Environmental Cost Recovery Adj	944 kWh X	-0.00415		4.72	
	Instrument Funding Charge Credit	944 kWh X	-0.00415		0.09	
	Instrument Funding Charge Debit	944 kWh X	0.00415		-3.92	
	Franchise Cost				3.92	
	State Tax				5.00	
	Municipal Tax				3.12	
	Total current charges				5.03	
Other Charges					\$118.10	
	Charges from previous bill				\$20.89	
	Total other charges				\$20.89	
	Total amount due				\$138.99	

Your Usage Profile

13-Month Usage (Total kWh)



Month Billed	Total Demand	Avg Daily kWh	Avg Daily Temp
Current Month	0.0	31.5	76
Last Month	0.0	3.5	73
Last Year	0.0	0.0	0

Omit previous balance if paid. Unpaid previous balances are subject to late charges. If you have a past due balance on your ComEd bill, you may be at risk for disconnection. For help with paying your electric bill, see this month's Energy@Home bill insert.

When paying in person, please bring the entire bill.

RECEIVED**ATT.: A(ix)**

OCT 26 2007

MICHAEL W. DOBBINS
 CLERK, U.S. DISTRICT COURT

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

RECEIVED

OCT 17 2007

DHS
COOK COUNTY
REGION 1

RECEIVED

OCT 17 2007

DHS
COOK COUNTY
REGION 1

RENT RECEIPT

ATT. : A(X)

RECEIPT

DATE	10/1/07	No.	1660
RECEIVED FROM	Fiscal Auditor		
FOR RENT	Three Hundred Seventy five		
OF OH	1839 S. Racine		
ACCOUNT	775.00	CASH	10/1/07
PAYMENT	375.00	CHECK	10/31/07
BAL. DUE		MONEY ORDER	By <i>Karen Ando</i>

Customer	Account Number	Bill Period	Bill Date	Page
KEITH G RICHARDSON	0621389566-2	Sep 4 - Oct 3	Oct 4, 2007	1 of 14

Your Sprint Bill

Balance Summary

Previous Balance	\$260.10
Payment On Oct 3	-100.00
	\$160.10

Notes

Monthly Service Charges	\$93.15
Additional Usage Charges & Purchases	7.36
Other Charges	12.70
Taxes, Surcharges & Fees	17.28
	\$130.49

RECEIVED

OCT 26 2007

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Total Due Immediately \$290.59

Amount Due after October 30 \$304.18

Total Minutes Used

Courtesy Minutes	Used	0.0
Anytime Minutes		813.0
Night & Weekend Minutes		104.0
Sprint Mobile to Mobile		208.0
		1,125.0

Sprint 

Detach and return this remittance form with your payment.
Make check or money order payable to Sprint in U.S. dollars.

Do not send cash.
Questions? Call 1-888-211-4727

Check box for change of address (see reverse)

Account Number: 0621389566-2

Total Due	Amount Enclosed
\$290.59	\$

#BWNGMZW ****AUTO**3-DIGIT 606
#0621389566 2#

00001686 02 AT 0.459 01 D5

KEITH G RICHARDSON
PO BOX 803241
CHICAGO IL 60680-3241

00000000000000000000000000000000

SPRINT

P O BOX 660092
DALLAS TX 75266-0092

00000000000000000000000000000000

8 CHICHI34 06213895662 00000290599 9